

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled VALVE ARRANGEMENT AND ASSEMBLY FOR DISPENSING A LIQUID FROM A CONTAINER TO AN ANIMAL, the specification of which:

☒ is attached hereto.

☐ was filed on _____ as
U.S. or PCT Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, S. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, S. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			<u>Priority Claimed</u>
<u>0225841.6</u> (Number)	<u>United Kingdom</u> (Country)	<u>6 November 2002</u> (Day/Mo./Yr. Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Mo./Yr. Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Mo./Yr. Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint IRA S. DORMAN, Registration No. 24,469, whose Post Office Address is 330 Roberts Street, Suite 200, East Hartford, Connecticut 06108, my attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence to Ira S. Dorman at the aforesaid address, and direct all telephone calls to him at Area Code 860, Telephone No. 528-0772.

I hereby further declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Edwin Albert James CHALK

Inventor's signature *E. Chalk* Date 14/6/03

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Full name of second joint inventor, if any _____

Second Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third joint inventor, if any _____

Third Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____